MEDICAL MUTUAL®

Drug Policy

Policy:	**201827-MRX (02-24)**	**Initial Effective Date: 10/30/2014**
Code(s):	**HCPCS J2506, Q5108, Q5111, Q5120, Q5122, Q5127, Q5130**	**Annual Review Date: 02/22/2024**
SUBJECT:	**Colony Stimulating Factors - Pegfilgrastim** - **Neulasta® (Pegfilgrastim)** - **Fulphila™ (pegfilgrastim-jmdb)** - **Nyvepria™ (pegfilgrastim-apgf)** - **Udenyca™ (pegfilgrastim-cbqv)** - **Ziextenzo (pegfilgrastim-bmez)** - **Fylnetra (pegfilgrastim-pbbk)** - **Stimufend (pegfilgrastim-fpgk)**	**Last Revised Date: 02/22/2024**

Prior approval is required for some or all procedure codes listed in this Corporate Drug Policy.

POLICY STATEMENT

This policy involves the use of pegfilgrastim products. Prior authorization is recommended for medical benefit coverage of pegfilgrastim products. Approval is recommended for those who meet the conditions of coverage in the **Initial Approval and Renewal Criteria, Preferred Drug (when applicable), Dosing/Administration, Length of Authorization, and Site of Care (when applicable)** for the diagnosis provided. The requirement that the patient meet the Criteria and Preferred Drug for coverage of the requested medication applies to the initial authorization only. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy.

I. Length of Authorization [1-7,14-19]

- Bone marrow transplantation (BMT) failure or engraftment delay: Coverage will be provided for 1 dose only and may not be renewed.
- Peripheral blood progenitor cell (PBPC) mobilization and transplant: Coverage will be provided for 1 dose only and may not be renewed.
- All other indications: Coverage will be provided for four months and may be renewed unless otherwise specified.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Neulasta 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Neulasta 6 mg single-dose prefilled syringe Onpro kit: 1 kit per 14 days
- Fulphila 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Udenyca 6 mg single-dose prefilled syringe: 1 syringe per 14 days

- Udenyca 6 mg single-dose prefilled autoinjector: 1 autoinjector per 14 days
- Udenyca 6 mg single-dose prefilled syringe ONBODY kit: 1 kit per 14 days
- Ziextenzo 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Nyvepria 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Fylnetra 6 mg single-dose prefilled syringe: 1 syringe per 14 days
- Stimufend 6 mg single-dose prefilled syringe: 1 syringe per 14 days

B. Max Units (per dose and over time) [HCPCS Unit]:

Acute Radiation Exposure

- 12 billable units weekly x 2 doses

BMT failure or engraftment delay/ PBPC mobilization and transplant

- 12 billable units x 1 dose

All other indications:

- 12 billable units per 14 days

III. Initial Approval Criteria

Coverage is provided in the following conditions:

If the request is for Nyvepria, Udenyca, Ziextenzo, Fylnetra or Stimufend the patient had an inadequate response, or has a contraindication or intolerance to Neulasta or Fulphila; AND

Prophylactic use in patients with solid tumors or non-myeloid malignancy † [1-12,20,22-28]

- Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia***** of greater than 20% **§**; **OR**
- Patient is undergoing myelosuppressive chemotherapy with an expected incidence of febrile neutropenia***** of 10% to 20% **§ AND** one or more of the following co-morbidities:
  - Age >65 years receiving full dose intensity chemotherapy
  - Extensive prior exposure to chemotherapy
  - Previous exposure of pelvis, or other areas of large amounts of bone marrow, to radiation
  - Persistent neutropenia (ANC $\leq 1000/mm^3$)
  - Bone marrow involvement by tumor
  - Patient has a condition that can potentially increase the risk of serious infection (i.e., HIV/AIDS with low CD4 counts)
  - Recent surgery and/or open wounds
  - Poor performance status

- Renal dysfunction (creatinine clearance <50 mL/min)
- Liver dysfunction (elevated bilirubin >2.0 mg/dL)
- Chronic immunosuppression in the post-transplant setting, including organ transplant

Note: Dose-dense therapy, in general, requires growth factor support to maintain dose intensity and schedule. In the palliative setting, consideration should be given to dose reduction or change in regimen.

Patient who experience a neutropenic complication from a prior cycle of the same chemotherapy ‡ [9,10]

Note: Dose-dense therapy, in general, requires growth factor support to maintain dose intensity and schedule. In the palliative setting, consideration should be given to dose reduction or change in regimen.

Patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Acute Radiation Syndrome [H-ARS]) † Φ [1,3,9,10]

Bone marrow transplantation (BMT) failure or engraftment delay ‡ [14-18]

Peripheral blood progenitor cell (PBPC) mobilization and transplant ‡ [9]

Wilms Tumor (Nephroblastoma) ‡ [9]

- Patient has favorable histology disease; **AND**
- Used in combination with a cyclophosphamide-based chemotherapy regimen (i.e., Regimen M or I only)

† FDA-labeled indication(s); ‡ Compendia recommended indication(s); **Φ** Orphan Drug

§ Febrile neutropenia is defined as: [10]
– Temperature: a single temperature ≥38.3 °C orally or ≥38.0 °C over 1 hour; **AND** – Neutropenia: <500 neutrophils/mcL or <1,000 neutrophils/mcL and a predicted decline to ≤500 neutrophils/mcL over the next 48 hours
§ Expected incidence of febrile neutropenia percentages for myelosuppressive chemotherapy regimens can be found in the NCCN Hematopoietic Growth Factors Clinical Practice Guideline at NCCN.org [10]

IV. Renewal Criteria [1-7,14-19]

Note: Coverage for use in BMT failure or engraftment delay and PBPC mobilization and transplant may NOT be renewed.

Coverage for all other indications can be renewed based upon the following criteria:

- **If the request is for Nyvepria, Udenyca, Ziextenzo, Fylnetra, or Stimufend the patient had an inadequate response, or has a contraindication or intolerance to Neulasta or Fulphila; AND**

- Patient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: splenic rupture, acute respiratory distress syndrome (ARDS), serious allergic reactions/anaphylaxis, sickle cell crisis, glomerulonephritis, leukocytosis, thrombocytopenia, capillary leak syndrome, potential for tumor growth stimulation of malignant cells, aortitis, myelodysplastic syndrome and acute myeloid leukemia in patients with breast and lung cancer, etc.

V. Dosage/Administration [1-7,14-19]

Indication	Dose
Prophylactic use in patients with non-myeloid malignancy Patient who experienced a neutropenic complication from a prior cycle of the same chemotherapy Wilms Tumor (Nephroblastoma)	• 6 mg subcutaneously once per chemotherapy cycle and dosed no more frequently than every 14 days • For pediatric patients weighing <45 kg: – <10 kg = 0.1 mg/kg – 10-20 kg = 1.5 mg – 21-30 kg = 2.5 mg – 31-44 kg = 4 mg
Acute Radiation Exposure (Hematopoietic Acute Radiation Syndrome)	• 6 mg subcutaneously weekly x 2 doses • For pediatric patients weighing <45 kg: – <10 kg = 0.1 mg/kg – 10-20 kg = 1.5 mg – 21-30 kg = 2.5 mg – 31-44 kg = 4 mg
BMT failure or engraftment delay PBPC mobilization and transplant	6 mg subcutaneously for 1 dose only

*Do not administer within 14 days before and 24 hours after administration of cytotoxic chemotherapy.
*On-body Injectors may be applied on the same day as chemotherapy as long as the Neulasta or Udenyca is administered no less than 24 hours after administration of chemotherapy. Not recommended for use in patients with acute radiation exposure or in pediatric patients.

VI. Billing Code/Availability Information

HCPCS Code(s):

- J2506 – Injection, pegfilgrastim, excludes biosimilar, 0.5 mg; 1 billable unit = 0.5 mg *(Neulasta only)*
- Q5108 – Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg; 1 billable unit = 0.5 mg
- Q5111 – Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg; 1 billable unit = 0.5 mg
- Q5120 – Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo), 0.5 mg; 1 billable unit = 0.5 mg
- Q5122 – Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg; 1 billable unit = 0.5 mg
- Q5127 – Injection, pegfilgrastim-fpgk, biosimilar, (Stimufend), 0.5 mg; 1 billable unit = 0.5 mg
- Q5130 – Injection, pegfilgrastim-pbbk, biosimilar, (Fylnetra), 0.5 mg; 1 billable unit = 0.5 mg

NDC(s):

- Neulasta 6 mg single-dose prefilled syringe: 55513-0190-xx
- Neulasta 6 mg single-dose prefilled syringe Onpro Kit: 55513-0192-xx
- Fulphila 6 mg single-dose prefilled syringe: 83257-0005-xx
- Udenyca 6 mg single-dose prefilled syringe: 70114-0101-xx
- Udenyca 6 mg single-dose prefilled autoinjector: 70114-0120-xx
- Udenyca 6 mg single-dose prefilled syringe ONBODY kit: 70114-0130-xx
- Ziextenzo 6 mg single-dose prefilled syringe: 61314-0866-xx
- Nyvepria 6 mg single-dose prefilled syringe: 00069-0324-xx
- Fylnetra 6 mg single-dose prefilled syringe: 70121-1627-xx
- Stimufend 6 mg single-dose prefilled syringe: 65219-0371-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D61.81	Pancytopenia
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.9	Neutropenia, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs sequela
T66.XXXA	Radiation sickness, unspecified, initial encounter
T66.XXXD	Radiation sickness, unspecified, subsequent encounter
T66.XXXS	Radiation sickness, unspecified, sequela
W88.1	Exposure to radioactive isotopes
W88.8	Exposure to other ionizing radiation
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z48.290	Encounter for aftercare following bone marrow transplant
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z51.89	Encounter for other specified aftercare
Z52.011	Autologous donor, stem cells
Z52.091	Other blood donor, stem cells
Z76.89	Persons encountering health services in other specified circumstances
Z94.81	Bone marrow transplant status
Z94.84	Stem cells transplant status

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following

link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes		
Jurisdiction	**NCD/LCA/LCD Document (s)**	**Contractor**
J, M	A56748	Palmetto GBA, LLC
J, M	A54682	Palmetto GBA, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT,	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drugs provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or

performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

Prior approval is required for HCPCS Codes J2506, Q5108, Q5111, Q5120, Q5122, Q5127, Q5130